

CITY OF DELTONA

OWNER OCCUPIED REPAIR

ASSISTANCE PROGRAM



For assistance please contact;

Denise Brooke—Administrative Assistant
(386) 878-8620
2345 Providence Blvd. Deltona, Fl. 32725

HOME



This program is operated on a first come, first completed, and first served basis.



It takes approximately 30 days to process your application. A Housing Representative will contact you by mail, email or phone if additional information or further verification is needed.



Incomplete applications will be delay the review process.



Call and schedule an appointment for file review when the application is completed and all required documents gathered.



Phone calls will be returned in the order received, on the following business day.

THANK YOU FOR THE OPPORTUNITY TO SERVE YOU!

APPLICATION REQUIRED DOCUMENTS CHECKLIST

Here you will find a list of required documentation to be submitted for all household members residing in the home. Please use this check off list provided so you may gather and copy the documents needed to submit and participate in the owner occupied repair assistance program.

A. HOUSEHOLD IDENTIFICATION (ALL HOUSEHOLD MEMBERS) (Photo Copies Only)

- ☐ **Current Florida Driver's License or Florida Identification Card**: All household members 18 years of age and older.
- ☐ **Social Security Card**: All household members.
- ☐ **Birth Certificate**: All household members under 18 years of age.
- ☐ **Court-Ordered Letter(s) of Guardianship**, if applicable.
- ☐ **Divorce decree and Marital Settlement Agreement**, if applicable.
- ☐ **Letter(s) of adoption**, if applicable.

B. PROOF OF INCOME/ASSETS- (ALL HOUSEHOLD MEMBERS, if applicable):

- ☐ **Employment**: Employer to submit a letter, signed by the employer, stating the hourly rate of pay and number of hours worked per week, overtime rate of pay and number of overtime hours projected to work per week, and other documentation of wages from employment (including commissions, tips, bonuses, fees, etc.)
- ☐ **Pay-stub**: Submit a copy of most recent paystubs encompassing one full month within the last 60 days.
- ☐ **Tax Returns**: Submit copy of previous (2) two years Federal Income Tax Returns, including all schedules, and W-2's and/or 1099's.
- ☐ **Self-employed**: Submit a copy of the previous (3) three year's Federal Income Tax Returns, including Schedule C of the Federal Income Tax Return "Profit and Loss from Business".
- ☐ **Unemployed**: Proof of unemployment or disability payments or submit the original letter stating that the household member is unemployed and does not receive unemployment or any other benefits.
- ☐ **Benefits & Other Source(s) if Income**: Copy of benefit letter verifying proof of social security, Pension/Retirement Benefits, IRAs, 401(k)s, annuities, death benefits, and/or insurance policies and a copy of most recent check or deposit. Copy of bank statement reflecting deposit will suffice for proof of most recent deposit.
- ☐ **Checking and/or Savings**: Copy of Bank or Credit Union statements for Checking and /or Savings account(s) for the most recent 6 months. All household members. All pages, front and back. [Within 30 days].
- ☐ **Proof of Alimony**: Payments or a court order that you are not receiving payments (submit copies only).
- ☐ **Court-ordered letter(s) of child support**: A court order stating that you are, or are not, receiving payment (submit copies only).
- ☐ **Gifts**: Submit a statement of all periodic allowances of gifts from persons not living in your household. (See addendums for form).
- ☐ **Proof of the Value of Equity**: For all properties owned by the applicant(s).
- ☐ **Rental Real Estate**: If you have rental real estate, a copy of Schedule E of your Federal Income Tax Return, "Supplemental Income and Loss".
- ☐ **Other Sources of Income**: Documentation of any other sources of income and/or assets. Including any public assistance.

C. PROPERTY VERIFICATION-HOMEOWNER

- ☐ **Warranty Deed, Quit Claim Deed, or Life Estate** - proof of ownership.
- ☐ **Mortgage and Note** - current
- ☐ **Homestead Exemption**
- ☐ **Mortgage Balance** - recent mortgage statement indicating current mortgage balance.
- ☐ **Property Taxes** - proof that you are current on your property taxes to Volusia County.
- ☐ **Insurance** - which may include a copy of your homeowner's or fire insurance policy.
- ☐ **Documentation of any Liens** – 2nd mortgages, foreclosures and/or bankruptcy (current or previous).

CITY OF DELTONA
Community Development Division

Owner Occupied Repair Program Application

Check assistance requesting. <input type="checkbox"/> SHIP Programs: Owner Occupied – Home Repair <input type="checkbox"/> Disaster Assistance: Prevention/Recovery	Special Needs <input type="checkbox"/> Farmworker <input type="checkbox"/> Developmentally Disabled <input type="checkbox"/> Homeless <input type="checkbox"/> Elderly (62 or over) <input type="checkbox"/> Special Needs	Date Stamp
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HOUSEHOLD DATA

How did you hear about the program? _____
Total number of household members: _____ Total Household Annual Gross Income: \$ _____

APPLICANT'S INFORMATION (Head of Household)

Legal Name: _____

(Name as shown on your Driver's License)

Date of Birth: _____ Age: _____

Married: _____ Separated: _____ Unmarried (includes single, divorced, widowed): _____ Race: _____

INCOME: (Check all types of Income that you receive) Wages _____ Social Security/SSI _____

AFDC _____ Child Support _____ Self-Employment _____ Pension _____ Other _____

Gross Annual Income: \$ _____

ADDRESS INFORMATION:

Current Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

EMPLOYMENT INFORMATION:

Employed By: _____ Employer Phone #: _____

Your Position/Title: _____ Fax #: _____

Employer Address: _____ Date Employed: _____

Supervisors Name: _____ Title: _____

ASSET INFORMATION:

Checking: Name of Bank: _____ Account # _____ Balance: \$ _____

Savings: Name of Bank: _____ Account # _____ Balance: \$ _____

All other Accounts/Assets: _____

Please provide your email on the space below so that we may send you periodic updates, Thank you.

EMAIL ADDRESS: _____

Warning: Florida Statue 817 provides that willful false statements or misrepresentations concerning income, asset, or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statues 775.082 or 775.83.

CO-APPLICANT'S INFORMATION

Legal Name: _____

(Name as shown on your Driver's License)

Date of Birth: _____ Age: _____

Married: _____ Separated: _____ Unmarried (includes single, divorced, widowed): _____ Race: _____

INCOME: (Check all types of Income that you receive) Wages _____ Social Security/SSI _____

AFDC _____ Child Support _____ Self-Employment _____ Pension _____ Other _____

Gross Annual Income: \$ _____

ADDRESS INFORMATION:

Current Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

EMPLOYMENT INFORMATION:

Employed By: _____ Employer Phone #: _____

Your Position/Title: _____ Fax #: _____

Employer Address: _____ Date Employed: _____

Supervisors Name: _____ Title: _____

ASSET INFORMATION:

Checking: Name of Bank: _____ Account # _____ Balance: \$ _____

Savings: Name of Bank: _____ Account # _____ Balance: \$ _____

All other Accounts/Assets: _____

ADULT HOUSEHOLD MEMBER

Legal Name: _____

(Name as shown on your Driver's License)

Date of Birth: _____ Age: _____

Married: _____ Separated: _____ Unmarried (includes single, divorced, widowed): _____ Race: _____

INCOME: (Check all types of Income that you receive) Wages _____ Social Security/SSI _____

AFDC _____ Child Support _____ Self-Employment _____ Pension _____ Other _____

Gross Annual Income: \$ _____

ADDRESS INFORMATION:

Current Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

EMPLOYMENT INFORMATION:

Employed By: _____ Employer Phone #: _____

Your Position/Title: _____ Fax #: _____

Employer Address: _____ Date Employed: _____

Supervisors Name: _____ Title: _____

ASSET INFORMATION:

Checking: Name of Bank: _____ Account # _____ Balance: \$ _____

Savings: Name of Bank: _____ Account # _____ Balance: \$ _____

All other Accounts/Assets: _____

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OTHER ADULT HOUSEHOLD MEMBER

Legal Name: _____

(Name as shown on your Driver's License)

Date of Birth: _____ Age: _____

Married: _____ Separated: _____ Unmarried (includes single, divorced, widowed): _____ Race: _____

INCOME: (Check all types of Income that you receive) Wages _____ Social Security/SSI _____

AFDC _____ Child Support _____ Self-Employment _____ Pension _____ Other _____

Gross Annual Income: \$ _____

ADDRESS INFORMATION:

Current Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

EMPLOYMENT INFORMATION:

Employed By: _____ Employer Phone #: _____

Your Position/Title: _____ Fax #: _____

Employer Address: _____ Date Employed: _____

Supervisors Name: _____ Title: _____

ASSET INFORMATION:

Checking: Name of Bank: _____ Account # _____ Balance: \$ _____

Savings: Name of Bank: _____ Account # _____ Balance: \$ _____

All other Accounts/Assets: _____

HOUSEHOLD MEMBER UNDER THE AGE OF 18:

(List all persons OTHER THAN Applicant and Co-applicant who will reside in your house. Documentation must be provided on all income, assets, and identification for all household members).

Legal Name	Date of Birth	Age	Relationship to applicant(s)	Gross Income	Married (M) Widowed (W) Single (S) Divorced (D)

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AUTHORIZATION FOR THE RELEASE OF INFORMATION

I/We _____, the undersigned, hereby authorize all applicable institutions to release, without liability, information regarding my employment, income, and/or assets, to the City of Deltona SHIP/NSP Program for the purposes of verifying information provided as part of determining eligibility for assistance under the SHIP/NSP Program.

Types of information to be verified:

I understand that previous or current information regarding me may be required. Verification that may be requested are, but not limited to: personal identity, employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificate of deposits (CD), Individual Retirement Accounts (IRA), interest, dividends, etc.; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability, and/or worker’s compensation, welfare assistance; net income from the operations of a business; and alimony or child support payments, etc.

Organizations/Individuals that may be asked to provide written/oral verification are, but not limited to:

- Past/Present Employers
- Banks, Financial, or Retirement Institutions
- State Unemployment Agency
- Welfare Agency
- Alimony/Child/Other Support Providers
- Social Security Administration
- Veterans Administration
- Equifax Credit Report
- Other: _____

Agreement to Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

Applicant Signature	Print Name	Date
Co-Applicant Signature	Print Name	Date
Adult Member	Print Name	Date
Adult Member	Print Name	Date

***NOTE:** This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506, "Request for Tax Return," and prepare and sign separately.*

ASSET ADDENDUM TO APPLICATION

(Must be completed for All persons, including Minors, who will occupy Assisted Housing)

In order to properly qualify an applicant for SHIP assistance, the following asset information for **all persons, including minors, who will occupy the assisted housing**, must be obtained. This information will be used for qualification purposes only.

Assets include, but are not limited to:

Cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital Investment, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, Retirement and pension funds, lump sum receipts (i.e. lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e. gem or coin collections, paintings, antique cars, etc.).

(Do not include necessary property such as clothing, furniture, cars, wedding bands, etc.)

List ALL Assets and Asset Income for ALL Household Members, Including Minors, (List Checking, Savings Accounts, IRA, CD, Bonds, Stocks, and Equity in Properties, etc.)

Type of Asset	Asset Value	Bank/Account Numbers	Annual Asset Income

Total \$ _____

Total \$ _____

Certification:

A. I/We hereby state that the combined value of my/our assets (must check one):

☐ Does exceed \$5,000

☐ Does not exceed \$5,000

B. _____ I/We do not have any assets at this time

Applicant Signature _____ Print Name _____ Date _____

Co-Applicant Signature _____ Print Name _____ Date _____

Adult Member _____ Print Name _____ Date _____

Adult Member _____ Print Name _____ Date _____

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VERIFICATION OF ASSETS DISPOSED

I/We certify that during the two-year (24 months) period preceding the effective date of my certification or re-certification of eligibility for program participation, I/We_____ have _____ or have not disposed of more than \$1,000 asset(s) for less than fair market value.

If asset(s) were disposed of for less than fair market value, describe:

Asset	Amount	Date of Disposition
1)		
2)		
3)		
4)		
5)		

HISTORY/LIABILITIES

Have you or your co-applicant (check all that apply):

_____ Had an outstanding judgment in the last 7 years? _____ Had an auto/truck repossessed?
_____ Declared bankruptcy in the last 10 years? _____ Had property foreclosed?
_____ Owned a site built home, condo or mobile _____ Received assistance from the SHIP Program.
home in the past 3 years?

List ALL Liabilities, Credit Card Debt, Auto, Real Estate, Student Loans and Mortgage Loans, etc.

(For ALL Household Members 18 and Over)

Type of Credit/Loan	Creditors Name	Balance Owed	Monthly Payment

Total Annual \$_____

Applicant Signature _____ Print Name _____ Date _____

Co-Applicant Signature _____ Print Name _____ Date _____

Adult Member _____ Print Name _____ Date _____

Adult Member _____ Print Name _____ Date _____

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PROGRAM RESTRICTIONS

- Mobile homes and rental properties are not eligible. This program is open to all without regard to race, color, sex, handicap, religion, familial or marital status, or national origin.
- The program is a first come, first complete, first served basis. Those who supply the Program with all the information needed to process their application, while funds are available, will be processed first.
- The City of Deltona provides a deferred payment loan, and/or combination of deferred payment and low interest loans for a term of up to 30 years.
- Based on household size and income. Please refer to our website at **www.deltonafl.gov** for income limits.
- Property values may not exceed \$225,000.
- Other restrictions may apply

IMPORTANT- READ BEFORE SIGNING

I/We understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income, assets, or liability information relating to financial conditions is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statute 775.082 or 775.83. I/We further understand that any willful misstatement of information will be grounds for disqualification. I/We certify that the application information provided is true and complete to the best of my/our knowledge. I/We consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/We agree to provide documentations needed to assist in determining eligibility and am/are aware that all information and documents provided are a matter of public record.

I/We understand that the City of Deltona collects your Social Security number for the following purpose: Classification of accounts; Identification and Verification; Credit Worthiness; Billing and Payments; Data Collection; Reconciliation; Tracking; Benefit Processing; Tax Reporting and Verification of Benefits. Social Security numbers are also used as a unique numeric identifier and may be used for search purposes.

Initial here Initial here

Applicant Signature Print Name Date

Co-Applicant Signature Print Name Date

***Warning:** Florida Statute 817 provides that willful false statements or misrepresentations concerning income, asset, or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statute 775.082 or 775.83.*

THIRD-PARTY VERIFICATION OF EMPLOYMENT

APPLICANT: Please have employer complete and forward to Community Development Staff.

We are required by State and/or Federal Regulations to verify employment history and income information for the applicant in order to determine their eligibility for program assistance. Your cooperation in providing the below requested information is most appreciated.

Authorization:

An “**Authorization for the Release of Information**” form has been signed by the applicant who indicates they are in agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

TO BE COMPLETED BY EMPLOYER: Please complete and return by fax or email to;

dbrooke@deltonafl.gov or abriggs@deltonafl.gov

FAX - (386) 878-8601

City of Deltona Community Development

2345 Providence Blvd, Deltona, FL 32725

Complete the (applicable) sections below:

Name of Applicant: _____ Social Security Number: _____

Company Name: _____

Position: _____ Employment Start Date: _____

Base Pay Rate: _____ Average Hours/Week: _____ ☐ Weekly ☐ Bi- Weekly ☐ Monthly

Overtime Pay Rate: _____ Average Overtime Hours/Week: _____

Total Annual Base Pay Earning: \$ _____ Total Annual Overtime Pay Earnings: \$ _____

Amount and Frequency of Other Compensation (bonuses, raise, commission, tips): \$ _____

Vacation Pay ☐ YES ☐ NO If yes, number of days _____

Retirement Account ☐ YES ☐ NO Amount Accessible to Employee: \$ _____

Date of Next Pay Increase: _____ Anticipated Pay Increase Amount: \$ _____

Total Gross Annual Income (including other compensation for the next 12 months): \$ _____

Signature of Authorized Representative or Employer

Title

Printed Name

Date

Telephone

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STATEMENT OF NONEMPLOYMENT

Previous Employer: _____

I have been unemployed since _____

Please indicate by checking which applies to you:

(a) ☐ I am not presently employed, but anticipating becoming employed within the next (12) months.

(b) ☐ I am not presently employed and do not anticipate becoming employed within the next (12) months for the following reasons: _____

(c) ☐ I am receiving unemployment compensation. If this is checked, please attach a copy of your approval letter with the stated income amount.

(d) ☐ I am not receiving unemployment compensation. If this is checked, please explain why you are not: _____

NOTE: All eligible persons shall seek unemployment benefits when applying for Deltona SHIP assistance.

Signature	Print Name	Date
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Witness Name	Print Name	Date
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**STATE OF FLORIDA
COUNTY OF VOLUSIA**

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, who is either ___ personally known to me or ___ has produced a _____ driver's license as identification.

Name: _____

Print Name: _____

My Commission Expires: _____

Warning: Florida Statue 817 provides that willful false statements or misrepresentations concerning income, asset, or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statues 775.082 or 775.83.

PROOF OF CHILD SUPPORT OR NON-SUPPORT

Please complete one form for each child listed on your application. Please make additional copies, if necessary.

Parent or Legal Guardian Name: _____

Child's Name: _____

Name of Child's Biological Parents: _____

I have sought and filed for court-ordered child support for this child: ☐ YES ☐ NO

If yes, please provide documentation of filing.

If no, please explain? _____

I am currently receiving court-ordered child support for this child: ☐ YES ☐ NO

If yes, the amount of court-ordered support received: \$ _____ (Attach court order or proof of support)

If no, please explain? _____

Do you receive any monies from the other parent or other source(s) on behalf of this child? ☐ YES ☐ NO

If yes, explain how much and why? _____

Are you planning to receive any monies from the other parent or source(s) on behalf of this child in the future?

☐ YES ☐ NO

Please provide any additional documentation and/or information that you feel may be helpful in determining support or non-support.

Applicant Signature _____ Print Name _____ Date _____

Co-Applicant Signature _____ Print Name _____ Date _____

Witness Signature _____ Print name _____ Date _____

Witness Name _____ Print Name _____ Date _____

STATE OF FLORIDA

COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, who is either ___ personally known to me or ___ has produced a driver's license as identification.

Name: _____

Print Name: _____

My Commission Expires: _____

VERIFICATION OF STUDENT STATUS

TOP PORTION TO BE COMPLETED BY APPLICANT

APPLICANT: Please complete the top portion of this form for each household child enrolled in grade school and/or each household member enrolled in college and have it completed by a School Official.

Please complete the (applicable) sections below:

NAME OF APPLICANT: _____

NAME OF STUDENT: _____ Social Security No: _____

ADDRESS OF STUDENT: _____

I hereby authorize the release of the information requested below.

Signature of Applicant/ Student (if over the age of 18)

Date

TO BE COMPLETED BY SCHOOL OFFICIAL

We are required by State and/or Federal regulations to verify employment history and income information for the applicant in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. You may mail or fax it to the City of Deltona at (386) 878-8601.

Authorization:

An “**Authorization for the Release of Information**” form has been signed by the applicant who indicates they are in agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Student's Home Address: _____

Parent/Guardian responsible for student: _____

Date of Enrollment _____ Full Time _____ Part Time _____

This is to certify that the above listed student is enrolled at this school.

Name of Educational Institution: _____

Address of Educational Institution: _____

Signature _____ Title: _____

Date: _____ Telephone: _____

AFFIDAVIT OF HOME INSPECTION

Applicant(s) Name: _____

Property Address: _____

I/We hereby acknowledge that a full home inspection will be performed on the above referenced home on my behalf. I/We hereby acknowledge that I/we understand that this report is a visual inspection of the readily accessible areas of this building, in accordance with the terms and conditions contained in the Pre-Inspection Agreement below.

Pre-Inspection Agreement

The inspector agrees to conduct an inspection for the purpose of informing the applicant(s) of major deficiencies in the condition of the property as well as the Housing Program's Requirements. The inspection and report are performed for the possession of the applicant(s). The written report will include only the following:

- Structural conditions
- Electrical/plumbing
- Hot Water heater
- Kitchen and appliances
- Heating and air conditioning
- General interior, including ceilings, walls, floors, windows, insulation, & ventilation
- General exterior, including roof, gutter, chimney, drainage, grading
- Quality, condition, and life expectancy of major systems

It is understood and agreed that this inspection will be of readily accessible areas of the building and is limited to visual observations of apparent conditions existing at the time of the inspection only. Latent and concealed defects and deficiencies are excluded from the inspection: equipment, items, and systems will not be dismantled.

The inspection and report do not address, and are not intended to address, the possible presence of, or danger from, any potentially harmful substance and environmental hazards including but not limited to: radon gas, lead paint, asbestos, urea formaldehyde, toxic or flammable chemicals, and water or airborne hazards. Also excluded are inspections of, and report on, swimming pools, wells, septic systems, central vacuum systems, water softeners, sprinkler systems, fire and safety equipment, and the presence of rodents, termites, and other insects.

The parties agree that the inspector and the Housing Program's employees and agents assume no liability or responsibility for the cost of repairing or replacing any unreported defect or deficiency, either current or arising in the future, or for any property damage, consequential damage, or bodily injury of any nature. THE INSPECTION AND REPORT ARE NOT INTENDED TO BE USED AS A GUARANTEE OR WARRANTY, EXPRESSED OR IMPLIED, REGARDING THE ADEQUACY, PERFORMANCE OR CONDITION OF ANY INSPECTED STRUCTURE, ITEM, OR SYSTEM. NEITHER THE INSPECTOR NOR THE HOUSING PROGRAM IS AN INSURER OF ANY INSPECTED CONDITIONS.

The parties agree that should the inspector or the Housing Program's employees and agents be found liable for any loss or damages resulting from a failure to perform any of its obligations, including, but not limited to, negligence, breach of contract, or otherwise, then the liability of the inspector and the Housing Program's employees or agents shall be limited to a sum equal to the amount of the fees paid by the applicant(s) for the Inspection and Report.

The parties further agree that Deltona's Housing Program and its employees and/or agents are to be held harmless and be indemnified from any liability for the result of said Inspection Report.

The parties agree that the only required repairs to the property are those required to meet the minimum requirements of the Housing Program. All other repairs or corrections to the property as noted in said inspection and report, or otherwise noted, are to be negotiated with the owner of the property.

Acceptance and understanding of this Agreement is hereby acknowledged:

Applicant Signature	Print Name	Date
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Co-Applicant Signature	Print Name	Date
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IMPORTANT INFORMATION

LOCAL COURTHOUSE

HOUSING INFORMATION

VOLUSIA COUNTY COURTHOUSE Clerk of the Circuit Court 101 N. Alabama Ave. Deland, FL 32720 Office: (386) 736-5915 www.clerk.org	VOLUSIA COUNTY HEARING ASSISTANCE 123 W. Indiana Ave., Room 302 Deland, FL 32720 Office: (386) 736-5955 http://volusia.org/community_assistance/housing.htm (Section 8; Down Payment Assistance & Rehabilitation)
SEMINOLE COUNTY COURTHOUSE Clerk of the Circuit Court 301 N. Park Avenue Sanford, FL 32771 Office: (407) 665-4330 www.seminoleclerk.org	FLORIDA HOUSING FINANCE CORPORATION 227 N. Bronough Street, Suite 5000 Tallahassee, FL 32301 Office: (805) 488-4197 www.floridahousing.org
ORANGE COUNTY COURTHOUSE Clerk of the Circuit Court 425 N. Orange Avenue, Suite 410 Orlando, FL 32801 Office: (407) 836-2000 www.myorangeclerk.org	FLORIDA HOUSING COALITION 1367 E. Lafayette Street, Suite C Tallahassee, FL 32301 Office: (800) 677-4548 www.flhousing.org
	VOLUSIA COUNTY HOUSING RENTAL ASSISTANCE Office: (386) 775-5204

<u>SOCIAL SECURITY OFFICE</u> SOCIAL SECURITY ADMINISTRATION 1629 S. Adelle Avenue Deland, FL 32720 Office: (386) 734-8300 Hours: Monday – Friday (8:30am – 3:30pm)	<u>COMMUNITY RESOURCES</u> UNITED WAY OF VOLUISA & FLAGLER COUNTIES Call 2.1.1 Office: (800) 253-0563 Ask for 2 1 1 Free information about available area services Confidential direction to community resources
<u>UNEMPLOYMENT INFORMATION</u> STATE OF FLORIDA AGENCY FOR WORKFORCE INNOVATION Office: (800) 204-2418 www.fluidnow.com	<u>CHILD SUPPORT INFORMATION</u> CHILD SUPPORT ENFORCEMENT DIVISION FLORIDA DEPARTMENT OF REVENUE P. O. Box 8030 Tallahassee, FL 32314 Office: (800) 622-KIDS (5437) www.myflorida.com/dor/childsupport